



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: METHODIST HOSPITAL NORTHLAKE CAMPUS

City of Hospital: Gary

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Linda Milenkovski

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Medicare Provider Number: 15-0002

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$615145981
Outpatient Patient Service Revenue	\$650864575
Total Gross Patient Service Revenue	\$1266010556

2. Deductions From Revenue

Contractual Allowance	\$938294028
Other Deductions	\$33821013
Total Deductions	\$972115041

3. Total Operating Revenue

Net Patient Service Revenue	\$357031073
Other Operating Revenue	\$5416419
Total Operating Revenue	\$362447492

4. Operating Expenses

Salaries and Wages	\$151895896	Employee Benefits	\$36600075
Depreciation and Amortization	\$18188031	Interest Expense	\$3116717
Bad Debt	\$25621302	Other Expenses	\$136627373
Total Operating Expenses	\$372049394		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-9631397	Total Assets	\$368560636
Net Non-operating Gains over Loss	\$9571548	Total Liabilities	\$0

Total Net Gains	\$-59849
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$654254127	\$532395784	\$121858343
Medicaid	\$325620815	\$274947032	\$50673783
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$286135614	\$130951212	\$155184402
Total	\$1266010556	\$938294028	\$327716528

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$41484434
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$50,535,107		
Subtotal	\$50535107	\$0	\$50535107
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$50535107	\$0	\$50535107

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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